LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

F.: 2:00

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address								Date prepared				Period covered		
Mike Friend, IASA												month ending		
777 South Latah								2/10/05				·		
Boise, ID 83705								210100				(Mo.)	1	(Yr.)
									*			1	31	05
Item 1	Totals	of all reportab	le expen	ditures made o	r incu	irred by Lob	byist	or by	Lobbyist's Empl	oyer on b	ehalf (of Lobb	yist's Empl	oyer.
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for Item 3, at bottom of page.)														
Expenses !		obbying Activity	All Employers		Employer No. 1					Employer No. 3		Employer No. 4		
Enterta Food as	inment nd Refreshn	nent	\$		\$			\$		\$		\$		
Living	Living Accommodations				_			_						
Advert	ising				_			_						
Travel			l		_			_						
Telepho	one				_		·	_						
Other E	Expenses or	Services		135.00	_	135	.00	_		l				
		Total	\$	135.00	\$_	135	.00	\$.	0.00	s	(0.00	s	0.00
*1	When the num	ber of employers	l s you are r	eporting for requ	l ires m	ultiple L-3 fo	rms to	be fil	ed a total amount fo	l or all emplo	yers sl	nould be	 entered on P	age 1.
Item		of each expend			dolla				or other holder o					
2	Date		Р	lace		A	mour	t	Names	of Legislate	ors & l	ublic Of	ficials in Gr	oup
POSTED					etin									
				1	U	שווע								
	Continued on	l attached page(s)				<u> </u>			T					
INSTRUCTIONS							•	em 3	Employer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.							No.1 Idaho Association of School Administrators 777 So. Latah, Boise, ID 83705							
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No.2							
TO BE FILED WITH: Ben Y sursa Secretary of State							No.3							
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4								
							4							

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or interpretation personal property to any Legislator, or for or on behalf of any legislator.											
	D	ale	Amount	Name of Legislator Receiving or Benefited							
Item 5	or Ho	use Bill,		tion, the number of the Senate r legislative activity in which	Code	LEGISLATIVE SUE					
Subject				Appropriation Bill Number	01	Agriculture, horticulture,	17	Subject Fleath service, medicine, drugs			
(from			ive Ident, Number	and Section Number	02	farming, and livestock		and controlled substances, health			
08	Ì	\$100	2,1017-22,	•	02	Amusements, games, athletics and aports	18	insurance, hospitals Higher education			
00			3, 1045-47,		03	Banking, finance, credit and	19	Housing, construction, codes			
	I		9-50, 1066,		04	investments Chikken, minors, youth,	20	Insurance (excluding health insurance)			
	1		CR103,			senior citizens	21	Labor, salaries and wages,			
	1		JM101;		05 06	Church and religion Consumer affairs	22	collective bargaining Law enforcement, courts,			
	1		076,0098,		07	Ecology, environment, pollution,		judges, crimes, prisons			
	ŀ		HJR1			conservation, zoning, land and water use	23 24	License, permits			
			1101(1		08	Education	25	Manufacturing, distribution and			
					09	Elections, campaigns, voting, political parties	. 26	services Natural resources, forest and			
					10	Equal rights, civil rights, minority affairs	. 20	forest products, fisheries, mining and mining products			
	- 1				11	Government, financing,	27	Public lands, parks, recreation			
						taxation, revenue, budget, appropriations, bids, fees, funds	28	Social insurance, unemployment insurance, public assistance,			
					12		29	workmen's compensation Transportation, highways,			
					14	Government, municipal		streets and roads			
					15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper, power, CATV, gas			
							31	Other (please specify)			
CERTIF	ICATIO	N; I hen	eby certify that the	sbove is a true, complete and							

Mile Triend 60

64 10/05 Date